

Listing of Claims:

The following listing of claims is provided for the convenience of the Examiner.
No amendments are made to the claims in this paper.

1. (Original) A method of verifying insurance coverage relating to a member, comprising:
receiving at a financial transaction processing computer system a member identifier relating to the member;
searching a database to determine if the member identifier is valid; and
transmitting from the financial transaction processing computer system authorization information.
2. (Original) The method of claim 1, wherein the financial transaction processing computer system comprises a credit card processing system.
3. (Original) The method of claim 1, wherein the member identifier is received in credit card number format.
4. (Original) The method of claim 1, further comprising receiving an individual code at the financial transaction processing computer system.
5. (Original) The method of claim 4, wherein the individual code is received in a format relating to currency.
6. (Original) The method of claim 1, wherein the insurance coverage relates to medical insurance.
7. (Original) The method of claim 1, further comprising receiving at the financial transaction processing computer system an identifier relating to a provider.
8. (Original) The method of claim 1, further comprising determining whether the provider is a network provider.

9. (Original) The method of claim 1, wherein the authorization information indicates a denial of coverage.

10. (Original) The method of claim 1, wherein the authorization information comprises a co-payment.

11. (Original) A method of verifying insurance coverage relating to a member, comprising:
entering member identifier information into a credit card processing device;
transmitting the information to a host computer system; and
receiving authorization information at the processing device indicating whether the member has insurance coverage.

12. (Original) The method of claim 11, wherein the identifier information comprises an individual code in a currency field.

13. (Original) The method of claim 11, wherein the authorization information comprises a co-payment.

14. (Original) The method of claim 11, wherein the authorization information indicates a denial of coverage.

15. (Original) The method of claim 11, wherein entering member identifier information comprises swiping an insurance card.

16. (Original) The method of claim 15, wherein the insurance card comprises credit card stock.

17. (Original) An insurance card, comprising:
 - an account number in credit card number format;
 - a machine-readable storage medium; and
 - a list of covered members;wherein the insurance card comprises credit card stock.
18. (Original) The insurance card of claim 17, wherein the insurance card relates to medical insurance.
19. (Original) A method of enrolling a member into medical coverage, comprising:
 - receiving enrollment information from the member;
 - assigning an account to the member, wherein the account is in credit card format;
 - assigning a code to each covered dependent of the member, wherein each dependent's code is in currency format; andproducing a card for the member, wherein the card comprises credit card stock.
20. (Original) The method of claim 19, further comprising producing dependent codes on the card.
21. (Original) The method of claim 19, further comprising entering pre-tax spending account information relating to the member.
22. (Original) A system for processing insurance information, comprising:
 - a credit card processing network; and
 - a host computer system;wherein the host computer system is programmed to receive insurance information from a point-of-sale device via the credit card processing network and verify coverage.
23. (Original) The system of claim 22, wherein the host computer system is further programmed to determine a dependent's coverage.

24. (Original) The system of claim 22, wherein the host computer system is further programmed to determine if a provider is a network provider.

25. (Original) The system of claim 22, wherein the host computer system is further programmed to transmit an approval code.

26. (Original) The system of claim 25, wherein the approval code comprises a co-payment.

27. (Original) The system of claim 25, wherein the approval code comprises a denial of coverage.